



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

CHRISTINE L TRUITT MD

**Respondent Name**

TEXAS MUTUAL INSURANCE CO.

**MFDR Tracking Number**

M4-13-3402-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

AUGUST 23, 2013

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "This office visit billed under code 99215 does meet the criteria of CPT code 99215. Dr. Truitt spent 40 minutes face to face time with this patient reviewing his neuropsychological testing from Dr. Aranda-Cano, reviewed his medication usage, his post-concussive symptoms and headaches, counseled him on his alcohol usage, his poorly controlled diabetes and hypertension all of which had to be done through translation and extra time was spent to make sure patient understood everything correctly. CPT Code 99215 'requires at least two of these three components: a comprehensive history, a comprehensive examination, or medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face to face with the patient and/or family'. Since a detailed history was done, extensive counseling was done with patient and discussion of why his excessive drinking, poorly controlled diabetes and hypertension were detrimental to his recovery from his post-concussion syndrome, reviewing and correcting his medication usage, and a general and neurologic exam was done, we feel this does meet the criteria of code 99215 and this claim should be paid."

**Amount in Dispute:** \$215.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The requestor billed E/M code 99215 for the date above. Texas Mutual declined to issue payment because the documentation did not meet any of the required components- comprehensive history, comprehensive examination, and high complexity decision-making. The requestor states the history was detailed when comprehensive is required. No physical examination was documented. Thus, two of the three requirements have not been met. No payment is due."

**Response Submitted by:** TEXAS MUTUAL INSURANCE CO

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 9, 2013	CPT Code 99215	\$215.00	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

## **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 150 – Payer deems the information submitted does not support this level of service.
  - 890 – Denied per AMA CPT Code description for level of service and/or nature of presenting problems.
  - 16 – Claim/service lacks information which is needed for adjudication at least one remark code must be provided (may be comprised of either the remittance advice remark code or NCPDP reject reason code.)
  - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
  - 724 – No additional payment after a reconsideration of services.

## **Issues**

1. Did the requestor support the level of service?
2. Is the requestor entitled to reimbursement?

## **Findings**

1. 28 Texas Administrative Code §134.203(b) states: "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:(1)Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules"

The requestor bill CPT Code 99215 which is defined as Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

- Documentation of the Comprehensive History
  - History of Present Illness (HPI) consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions. Documentation found listed two chronic or inactive conditions: post-concussion syndrome and diabetes and four elements of the HPI: location, duration, timing and associated signs and symptoms; this component was met.
  - Review of Systems (ROS) inquires about the system (s) directly related to the problem(s) plus additional body systems. At least ten organ systems must be reviewed. Documentation found listed five systems, this component was not met.
  - Past Family, and/or Social History (PFSH), requires a review of two or all history areas, at least one specific item from each history areas to be documented. The documentation found listed two areas; past history and social history. This component was met.
- Documentation of a Comprehensive Examination:
  - Requires at least eight or more systems to be documented; with at least two elements listed per system. The documentation found listed five body/organ systems: head, constitutional, cardiovascular, psychological and neurological. This component was not met.

2. The Division finds that the requestor is not entitled to reimbursement for the disputed services.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	<u>August 6, 2014</u>
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**